PTO/SB/06 (08-03)
Approved for use through 7/31/2006, OM8 0651-0032
U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										709	4005	33
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL									NTITY	OR .	OTHER SMALL	
FOR NUMBER FILED NUMBER EXTRA							RATE	FEE		RATE	FEE	
BASIC FEE (37 CFR).18(a))								\$	OR		<u>,1/0</u>	
TOTAL CLAIMS (37 CFR 1.16(c))			39	minus 20		34	٠	-X \$=		OR	x \$=	702
INDEPENDENT CLAIMS (37 CFR 1.16(b))			u	minus 3				X \$=		OR	x \$=	80
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))								+5 =		OR	+5=	
								TOTAL		OR	TOTAL	1487
CLAIMS AS AMENDED - PART II OR OTHER THAN												
		(Colui		,	(Column 2) (Column 3)			SMALL ENTITY). 1	SMALL	ENTITY
A T	1)	REMA AF	NIMS NINING TER DMENT		HIGHEST NUMBER PREVIOUSLY PAID;FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total (37 CFR 1.18(4))	5	6	Minus	<i>.(6</i> 0)	* 18		X \$=		ÓR	X \$=	وسي
AMENDMENT	Independent (37 CFR 1.18(b))	F)	Minus	" 0	.00		x \$=		OR	x s=	£4.7
₩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+3=		OR	+3=	_
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	i i i i i i i i i i i i i i i i i i i
		(Colu	mn 1)		(Column 2)	(Column 3)				_		
ENDMENT B		CL/ REM/ AF	AMS AINING TER DMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	: Total (37 CFR 1.16(c))	·		Minus	••	=		x \$=		OR	x \$=	
	Independent (37 CFR 1.16(b))			Minus	***	5		X \$=		OR	X \$=	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))							+s_=		OR	+5=	
							•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		REM/	AIMS AINING TER DMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.18(c))	1		Minus	e à	=	1	x \$=		OR	x \$=	
	independent (37 CFR 1.16(b))	·		Minus	***	=	1	X \$=		OR	x \$=	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+5 =		OR	+1 =	
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".												
-	" If the "Highest	Number f	Previous	y Paid For	IN THIS SPACE	is less than 3, 6	ente	r 13" .	the appropri	ate box in c	olumn 1.	

This collection of information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Independent

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

If the entry in column 1 is less than the entry in column 2, write "O" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

The "Highest Numb r Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

**** If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 3, enter "3."

4

10.0

٠:

OR

OR

OR

X40=

+135=

ADDIT. FEE

TOTAL

-X80=

+270=

ADDIT. FEE

TOTAL

Application or Docket Number